

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac St.

Suite 400

☐ Check if different  
than previously  
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☒ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2011

through

04

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Anderson

Signature of Treasurer

Electronically Filed by Brent Anderson

Date

06

15

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: M M  
0 4 D D  
0 1 Y Y Y Y  
2 0 1 1 To: M M  
0 4 D D  
3 0 Y Y Y Y  
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 1</span>		226459.16
(b) Cash on Hand at Beginning of Reporting Period .....	-123169.97	
(c) Total Receipts (from Line 19) .....	31125.12	150751.65
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	-92044.85	377210.81
7. Total Disbursements (from Line 31) .....	48392.29	252197.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	-140437.14	125012.86
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	W	Y
0	4	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	14977.78	59424.52
(ii) Unitemized .....	16047.34	86147.13
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	31025.12	145571.65
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	100.00	5180.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	31125.12	150751.65
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	31125.12	150751.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31125.12	150751.65

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	48392.29	252197.95	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	48392.29	252197.95	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ..... ➤	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	48392.29	252197.95	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48392.29	252197.95	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	31125.12	150751.65
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31125.12	150751.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	48392.29	252197.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	48392.29	252197.95

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

THOMAS BARKER

Mailing Address 437 MARLBOROUGH STREET, #11

City

BOSTON

State

MA

Zip Code

02115-1226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATTORNEY

Occupation

FOLEY HOAG

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 1 1

Transaction ID: SA11.185050

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

HARVEY BINES

Mailing Address 36 CLARKE ST

City

LEXINGTON

State

MA

Zip Code

02421-4916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SULLIVAN & WORCESTER

Occupation

LAWYER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11.185146

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

EDGAR BRISTOL

Mailing Address 28 UNION STREET

City

FOXBORO

State

MA

Zip Code

02035-2316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11.185042

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

SHAWN BURKE

Mailing Address 65 TIBBITES TOWN WAY

City

BOSTON

State

MA

Zip Code

02129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF BOSTON

Occupation

REP ELECTION COMMISSIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11.185128

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GORDON CARR

Mailing Address 23 HIGH ST.

City

HINGHAM

State

MA

Zip Code

02043-3191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GMC STRATEGIES

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11.185110

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

HENRY CIBOROWSKI

Mailing Address 135 MILLBURY ST.

City

WORCESTER

State

MA

Zip Code

01610-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 1

Transaction ID: SA11.184931

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

JODY DOW

Mailing Address 71 LEICESTER STREET

City

BROOKLINE

State

MA

Zip Code

02445-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DR. ELIAS DOW

Occupation

OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: SA11.185136

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BARBARA EBERT

Mailing Address 16 BREWSTER ROAD

City

WAYLAND

State

MA

Zip Code

01778-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Transaction ID: SA11.184851

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DAVID ECKERT

Mailing Address 48 MANSFIELD AVE

City

NORTON

State

MA

Zip Code

02766-2211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

INVESTOR AND CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	1

Transaction ID: SA11.185029

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

CLAY EVANS

Mailing Address PO BOX 792

City

NANTUCKET

State

MA

Zip Code

02554-0792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 1 1

Transaction ID: SA11.185106

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JEROLD GNAZZO

Mailing Address 169 COMMONWEALTH AVE

City

BOSTON

State

MA

Zip Code

02116-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11.185145

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FRANK GRANARA

Mailing Address 95 SHRINE RD.

City

NORWELL

State

MA

Zip Code

02061-2235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GIC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11.185048

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

RICHARD HARDY

Mailing Address 41 MCGREGORY RD

City

STURBRIDGE

State

MA

Zip Code

01566-1526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HYDE MANUFACTURING

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 1

Transaction ID: SA11.184825

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES HEARTY

Mailing Address 27 SILVER HILL RD

City

WESTON

State

MA

Zip Code

02493-1330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLOUGH CAPITAL

Occupation  
INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 1

Transaction ID: SA11.184859

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ARTHUR HILSINGER

Mailing Address 8 JACKSON POND ROAD

City

DEDHAM

State

MA

Zip Code

02026-5524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11.185089

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL JAKE JACOBSON

Mailing Address 16 HIGHLAND AVE.

City

CAMBRIDGE

State

MA

Zip Code

02139-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 1

Transaction ID: SA11.184829

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN JEFFRIES

Mailing Address 12 BRIMMER ST.

City

BOSTON

State

MA

Zip Code

02108-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S.B. JEFFRIES CONSULTANTS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.78

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11.184812

Amount of Each Receipt this Period

277.78

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JEANNE KANGAS

Mailing Address 959 HILL RD

City

BOXBOROUGH

State

MA

Zip Code

01719-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARNOLD & KANGAS, P.C.

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 1

Transaction ID: SA11.184949

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5777.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

RONALD KAUFMAN

Mailing Address 401 SIXTH STREET, SE

City

WASHINGTON

State

DC

Zip Code

20003-2704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE DUTKO GROUP

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11.185147

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES KEATING

Mailing Address 20 TEELE RD.

City

BOLTON

State

MA

Zip Code

01740-1118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE KEATING GROUP, INC.

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 1

Transaction ID: SA11.184860

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

THOMAS KERSHAW

Mailing Address 84 BEACON ST.

City

BOSTON

State

MA

Zip Code

02108-3421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAMPSHIRE HOUSE RESTAURANT

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11.185111

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

BARBARA KRONCKE

Mailing Address 51 BAKER PLACE

City

NEWTON

State

MA

Zip Code

02462-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCCARTER AND ENGLISH

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11.185130

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DREW LEFF

Mailing Address 112 BEACH ST.

City

BOSTON

State

MA

Zip Code

02111-2541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GLC DEVELOPMENT RESOURCES

Occupation  
REAL ESTATE CONSULT.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 1

Transaction ID: SA11.184814

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BRAD MARSTON

Mailing Address 90 BEACON STREET  
#2

City

BOSTON

State

MA

Zip Code

02108-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11.185134

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA PETROU

Mailing Address 82 MARMION WAY

City

ROCKPORT

State

MA

Zip Code

01966-1926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: SA11.185004

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN SIVOLELLA

Mailing Address 85 MONADNOCK RD.

City

WELLESLEY

State

MA

Zip Code

02481-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLUMBIA UNIVERSITY

Occupation  
ACADEMIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11.185140

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

14977.78

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

FLEITMAN FOR CONGRES

Mailing Address P.O. BOX 60067

City

NORTHAMPTON

State

MA

Zip Code

01062-0067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11.185124

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

100.00

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

TIMOTHY BUCKLEY

Mailing Address 55 W BROADWAY #8

City  
SOUTH BOSTON

State  
MA

Zip Code  
02127

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.056

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1083.01

**B.**

Full Name (Last, First, Middle Initial)

AMANDA CODY

Mailing Address 73 ABBOTT AVENUE

City  
EVERETT

State  
MA

Zip Code  
02149

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.021

Date of Disbursement

/   /

Amount of Each Disbursement this Period

91.61

**C.**

Full Name (Last, First, Middle Initial)

AMANDA CODY

Mailing Address 73 ABBOTT AVENUE

City  
EVERETT

State  
MA

Zip Code  
02149

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.031

Date of Disbursement

/   /

Amount of Each Disbursement this Period

916.66

**SUBTOTAL** of Disbursements This Page (optional) .....

2091.28

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

AMANDA CODY

Mailing Address 73 ABBOTT AVENUE

City  
EVERETTState  
MAZip Code  
02149Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.039

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	1

Amount of Each Disbursement this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

AMANDA CODY

Mailing Address 73 ABBOTT AVENUE

City  
EVERETTState  
MAZip Code  
02149Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.050

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Amount of Each Disbursement this Period

916.65

**C.**

Full Name (Last, First, Middle Initial)

ANTONY FERRUCCI

Mailing Address 62 DWIGHT STREET, APT 1

City  
BROOKLINEState  
MAZip Code  
02446Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.032

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Amount of Each Disbursement this Period

916.77

SUBTOTAL of Disbursements This Page (optional) .....

2033.42

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

ANTONY FERRUCCI

Mailing Address 62 DWIGHT STREET, APT 1

City State Zip Code  
BROOKLINE MA 02446Purpose of Disbursement  
TRAVEL REIMBURSEMENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.040

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 1 1

Amount of Each Disbursement this Period

335.20

B.

Full Name (Last, First, Middle Initial)

ANTONY FERRUCCI

Mailing Address 62 DWIGHT STREET, APT 1

City State Zip Code  
BROOKLINE MA 02446Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.051

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 1 1

Amount of Each Disbursement this Period

916.77

C.

Full Name (Last, First, Middle Initial)

KAITLYN GREELEY

Mailing Address 34 FRESNO STREET

City State Zip Code  
ROSINDALE MA 02131Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.005

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Amount of Each Disbursement this Period

568.99

SUBTOTAL of Disbursements This Page (optional) .....

1820.96

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

NATHAN LITTLE

Mailing Address 83 CONGREVE

City  
W ROXBURY

State  
MA

Zip Code  
02132

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.033

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2176.58

B.

Full Name (Last, First, Middle Initial)

MELISSA LUCAS

Mailing Address 22 SLAYTON RD.

City  
MELROSE

State  
MA

Zip Code  
02176

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.054

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2638.00

C.

Full Name (Last, First, Middle Initial)

JENNIFER NASSOUR

Mailing Address 49 CHELSEA STREET

City  
CHARLESTOWN

State  
MA

Zip Code  
02129

Purpose of Disbursement  
TRAVEL REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.012

Date of Disbursement

/   /

Amount of Each Disbursement this Period

245.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5059.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
**ADVANTAGE PAYROLL SERVICES**

Mailing Address P.O. BOX 1330

City AUBURN State ME Zip Code 04211

Purpose of Disbursement  
PAYROLL SERVICE FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.001

Date of Disbursement

/   /

Amount of Each Disbursement this Period

206.73

**B.** Full Name (Last, First, Middle Initial)  
**ADVANTAGE PAYROLL SERVICES**

Mailing Address P.O. BOX 1330

City AUBURN State ME Zip Code 04211

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.027

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2970.67

**C.** Full Name (Last, First, Middle Initial)  
**ADVANTAGE PAYROLL SERVICES**

Mailing Address P.O. BOX 1330

City AUBURN State ME Zip Code 04211

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.030

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2053.90

**SUBTOTAL** of Disbursements This Page (optional) .....

5231.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
ADVANTAGE PAYROLL SERVICES

Mailing Address P.O. BOX 1330

City AUBURN State ME Zip Code 04211

Purpose of Disbursement  
PAYROLL SERVICE FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.048

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

55.36

**B.** Full Name (Last, First, Middle Initial)  
ADVANTAGE PAYROLL SERVICES

Mailing Address P.O. BOX 1330

City AUBURN State ME Zip Code 04211

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.049

Date of Disbursement

04 / 27 / 2011

Amount of Each Disbursement this Period

2060.80

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.016

Date of Disbursement

04 / 05 / 2011

Amount of Each Disbursement this Period

38.30

**SUBTOTAL** of Disbursements This Page (optional) .....

2154.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City  
SAN FRANCISCO

State  
CA

Zip Code  
94128

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.006

Date of Disbursement

04 / 04 / 2011

Amount of Each Disbursement this Period

15.20

**B.**

Full Name (Last, First, Middle Initial)

AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City  
SAN FRANCISCO

State  
CA

Zip Code  
94128

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.009

Date of Disbursement

04 / 04 / 2011

Amount of Each Disbursement this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

BANK OF AMERICA\FLEET BANK

Mailing Address PO BOX 25118

City  
TAMPA

State  
FL

Zip Code  
33622

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.002

Date of Disbursement

04 / 01 / 2011

Amount of Each Disbursement this Period

74.99

**SUBTOTAL** of Disbursements This Page (optional) .....

110.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
BANK OF AMERICA\FLEET BANK

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.003

Date of Disbursement

04 / 01 / 2011

Amount of Each Disbursement this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
BARROWS INSURANCE AGENCY

Mailing Address 215 NORTH MAIN STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
INSURANCE PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.036

Date of Disbursement

04 / 19 / 2011

Amount of Each Disbursement this Period

2005.12

**C.** Full Name (Last, First, Middle Initial)  
BFSDANIELS

Mailing Address 12 CHANNEL STREET

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.010

Date of Disbursement

04 / 05 / 2011

Amount of Each Disbursement this Period

223.13

**SUBTOTAL** of Disbursements This Page (optional) .....

2253.25

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

BFSDANIELS

Mailing Address 12 CHANNEL STREET

City  
BOSTONState  
MAZip Code  
02210Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.044

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	1

Amount of Each Disbursement this Period

1205.94

B.

Full Name (Last, First, Middle Initial)

BOWDITCH &amp; DEWEY

Mailing Address 310 MAIN STREET PO BOX 15156

City  
WORCESTERState  
MAZip Code  
01615Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.020

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	1

Amount of Each Disbursement this Period

6032.45

C.

Full Name (Last, First, Middle Initial)

BOWDITCH &amp; DEWEY

Mailing Address 310 MAIN STREET PO BOX 15156

City  
WORCESTERState  
MAZip Code  
01615Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.035

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Amount of Each Disbursement this Period

3387.00

SUBTOTAL of Disbursements This Page (optional) .....

10625.39

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

BYTEBULB

Mailing Address PO BOX 2216

City  
HANOVER

State  
MA

Zip Code  
02339

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.045

Date of Disbursement

04 / 25 / 2011

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

ELAVON

Mailing Address ONE CONCOURSE PARKWAY, SUITE 300

City  
ATLANTA

State  
GA

Zip Code  
30328

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.004

Date of Disbursement

04 / 01 / 2011

Amount of Each Disbursement this Period

86.91

C.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address P.O. BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.011

Date of Disbursement

04 / 05 / 2011

Amount of Each Disbursement this Period

14.45

SUBTOTAL of Disbursements This Page (optional) .....

201.36

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address P.O. BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.024

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

129.06

B.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address P.O. BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.037

Date of Disbursement

04 / 19 / 2011

Amount of Each Disbursement this Period

34.15

C.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address P.O. BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.041

Date of Disbursement

04 / 21 / 2011

Amount of Each Disbursement this Period

34.15

**SUBTOTAL** of Disbursements This Page (optional) .....

197.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

GRAPHIC IMAGES

Mailing Address 75 WASHINGTON

City PLAINVILLE State MA Zip Code 02762

Purpose of Disbursement  
SUPPLIES - TEE SHIRTS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.007

Date of Disbursement

04 / 04 / 2011

Amount of Each Disbursement this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

ICONCONTACT

Mailing Address 5221 PARAMOUNT PARKWAY

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement  
EMAIL SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.008

Date of Disbursement

04 / 04 / 2011

Amount of Each Disbursement this Period

149.00

**C.**

Full Name (Last, First, Middle Initial)

IMPROV ASYLUM

Mailing Address 216 HANOVER STREET

City BOSTON State MA Zip Code 02113

Purpose of Disbursement  
EVENT TICKETS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.052

Date of Disbursement

04 / 27 / 2011

Amount of Each Disbursement this Period

780.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1329.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

INTUIT QB ONLINE

Mailing Address 2700 COAST AVENUE

City  
MOUNTAIN VIEW

State  
CA

Zip Code  
94943

Purpose of Disbursement  
ACCOUNTING SOFTWARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.018

Date of Disbursement

/   /

Amount of Each Disbursement this Period

37.13

**B.**

Full Name (Last, First, Middle Initial)

KAUPPI COMMUNICATIONS

Mailing Address PO BOX 152

City  
WEST GROTON

State  
MA

Zip Code  
01472

Purpose of Disbursement  
PUBLIC RELATIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.055

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

KESWICK CONSULTING

Mailing Address 231 VICTORY ROAD

City  
QUINCY

State  
MA

Zip Code  
02171

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.026

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6037.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

KONICA MINOLTA BUSINESS SOLUTIONS

Mailing Address 21146 NETWORK PLACE

City  
CHICAGO

State  
IL

Zip Code  
60673

Purpose of Disbursement  
COPIER SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.022

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

1052.75

B.

Full Name (Last, First, Middle Initial)

MASSACHUSETTS LABOR LAW POSTER SERVICE

Mailing Address 398 COLUMBIS AVENUE #501

City  
BOSTON

State  
MA

Zip Code  
02116

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.025

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

67.25

C.

Full Name (Last, First, Middle Initial)

MERCHANTS BANKCARDS

Mailing Address 1700 N DIXIE HIGHWAY

City  
BOCA RATON

State  
FL

Zip Code  
33432

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.017

Date of Disbursement

04 / 05 / 2011

Amount of Each Disbursement this Period

62.95

SUBTOTAL of Disbursements This Page (optional) .....

1182.95

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

OX-EYE PROPERTIES

Mailing Address 117 SOUTH 14TH ST. SUITE 300

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.013

Date of Disbursement

04 / 05 / 2011

Amount of Each Disbursement this Period

520.96

B.

Full Name (Last, First, Middle Initial)

OX-EYE PROPERTIES

Mailing Address 117 SOUTH 14TH ST. SUITE 300

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.014

Date of Disbursement

04 / 05 / 2011

Amount of Each Disbursement this Period

418.72

C.

Full Name (Last, First, Middle Initial)

OX-EYE PROPERTIES

Mailing Address 117 SOUTH 14TH ST. SUITE 300

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.043

Date of Disbursement

04 / 21 / 2011

Amount of Each Disbursement this Period

4434.00

SUBTOTAL of Disbursements This Page (optional) .....

5373.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

PIRYX, INC.

Mailing Address 01 W 15TH STREET

City  
AUSTIN

State  
TX

Zip Code  
78710

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.053

Date of Disbursement

/   /

Amount of Each Disbursement this Period

58.00

B.

Full Name (Last, First, Middle Initial)

POLAND SPRING

Mailing Address P.O. BOX 856192

City  
LOUISVILLE

State  
KY

Zip Code  
40285

Purpose of Disbursement  
BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.038

Date of Disbursement

/   /

Amount of Each Disbursement this Period

79.64

C.

Full Name (Last, First, Middle Initial)

SIR SPEEDY

Mailing Address 394 MAIN STREET

City  
WAKEFIELD

State  
MA

Zip Code  
01880

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.028

Date of Disbursement

/   /

Amount of Each Disbursement this Period

92.01

SUBTOTAL of Disbursements This Page (optional) .....

229.65

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

STAPLES

Mailing Address PO BOX 689020

City  
DES MOINES

State  
IA

Zip Code  
50368

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.047

Date of Disbursement

/   /

Amount of Each Disbursement this Period

54.96

**B.**

Full Name (Last, First, Middle Initial)

TIA'S AT LONG WHARF

Mailing Address 200 ATLANTIC AVENUE

City  
BOSTON

State  
MA

Zip Code  
02110

Purpose of Disbursement  
EVENT DEPOSIT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.019

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

US POST OFFICE

Mailing Address JFK STATION

City  
BOSTON

State  
MA

Zip Code  
02114

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.029

Date of Disbursement

/   /

Amount of Each Disbursement this Period

177.80

**SUBTOTAL** of Disbursements This Page (optional) .....

382.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

US POST OFFICE

Mailing Address JFK STATION

City  
BOSTON

State  
MA

Zip Code  
02114

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.046

Date of Disbursement

/   /

Amount of Each Disbursement this Period

14.30

**B.**

Full Name (Last, First, Middle Initial)

VERIZON PHONE

Mailing Address PO BOX 1100

City  
ALBANY

State  
NY

Zip Code  
12250

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.015

Date of Disbursement

/   /

Amount of Each Disbursement this Period

655.67

**SUBTOTAL** of Disbursements This Page (optional) .....

669.97

**TOTAL** This Period (last page this line number only) .....

48392.29